3-27-06

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## HE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENTAPPLICATION

| Applicants:      | James P. Hearn et al.                                     | Confirmation No.: | 1799<br>3733    |  |  |
|------------------|---|-------------------|-----------------|--|--|
| Application No.: | 09/910,720  | Art Unit:         |                 |  |  |
| Filed:           | July 24, 2001   | Examiner:         | Anuradha Ramana |  |  |
| For:             | CRANIAL FLAP CLAMP<br>AND INSTRUMENT FOR<br>USE THEREWITH | Attorney Docket:  | 8932-177-999    |  |  |

Mail Stop AF Hon. Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## FEE TRANSMITTAL SHEET

Sir:

Transmitted herewith is a [X] Reply To Final Office Action and [] to be filed in the above-identified application.

[X] A fee for additional claims is <u>not</u> required as shown below:

| (Col. 1)  CLAIMS REMAINING AFTER AMENDMENT |   | (Col. 2)                          | (Col. 2) (Col. 3) SMALL ENTITY |      |       |               |    | OTHER THAN A SMALL ENTITY |       |            |      |
|--|---|-----------------------------------|--------------------------------|------|-------|---------------|----|---------------------------|-------|------------|------|
|  |   | HIGHEST NO.<br>PREVIOUSLY<br>PAID | PRESENT<br>EXTRA               | RATE |       | ADD'L.<br>FEE | OR | RATE                      |       | ADD'L. FEE |      |
| TOTAL                                      | 52  | MINUS                             | 76                             | 0    | x 25  | \$            |    |                           | x 50  | \$         | 0.00 |
| INDEP.                                     | 5   | MINUS                             | 5                              | 0    | x 100 | \$_           |    |                           | x 200 | \$         | 0.00 |
|  | ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                   |                                | AIM  |       | \$            |    |                           |       | \$         | 0.00 |
|  |   |                                   |                                |      | TOTAL | \$_           |    | OR                        | TOTAL | \$         | 0.00 |

[X] Please charge payment of any additional fees required in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-3013. A duplicate copy of this transmittal letter is transmitted herewith.

Date:

March 24, 2006

Respectfully submitted

Garry J. Tuma

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